



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION

100 N PARK AVE STE 200 ~ PO BOX 200131

HELENA MT 59620-0131

406-444-3154 or toll free 877-275-7372

ELECTION TO QUALIFY ABSENCE

To receive service credit for an absence covered under Workers' Compensation.

Name _____ SSN* _____

Dates of Absence – From _____ to _____

My employer has advised that I may make contributions for the above absence and receive service credit.

_____ I DO NOT WISH TO PURCHASE THIS SERVICE.
(INITIALS)

_____ I DO WISH TO PURCHASE THIS SERVICE - PLEASE PROVIDE THE COST.
(INITIALS)

Signature of Member _____ Date _____

Mailing Address _____

City, State, Zip _____

EMPLOYER CERTIFICATION - REQUIRED:

If the employee elects to purchase this service, *you must certify the compensation and hours this employee would have earned and worked, if not for the work related absence.* A certification form is attached. Reference §§ 19-3-504, 19-6-805, 19-7-804, 19-8-905 MCA.

Employing Agency _____

Contact Person _____

Mailing Address _____

City, State, Zip _____

Payroll Clerk/Certifying Official's Signature _____

Telephone Number _____ Date _____

ATTENTION: This form must be submitted to MPERA within one year of the employee returning to work. You should retain a copy for your records and forward the original to the MPERA.

*For tax purposes 26 USC § 6401A and 6109.



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CERTIFICATION OF WORKERS' COMPENSATION ABSENCE

NAME _____ EMPLOYER _____

From _____ through _____

Certify the actual compensation, by month, paid to the above employee. Certify the compensation the employee would have received if not for the workers' compensation absence. Specify the total hours missed by month, due to the workers' compensation absence.

| YEAR | Year: _____ | | | | Year: _____ | | | |
|-------|-----------------------|---------------------|------------|-------|-----------------------|---------------------|------------|-------|
| | COMPENSATION REC'D | WOULD HAVE REC'D | DIFFERENCE | HOURS | COMPENSATION REC'D | WOULD HAVE REC'D | DIFFERENCE | HOURS |
| JAN | | | | | | | | |
| FEB | | | | | | | | |
| MAR | | | | | | | | |
| APR | | | | | | | | |
| MAY | | | | | | | | |
| JUN | | | | | | | | |
| JUL | | | | | | | | |
| AUG | | | | | | | | |
| SEP | | | | | | | | |
| OCT | | | | | | | | |
| NOV | | | | | | | | |
| DEC | | | | | | | | |
| TOTAL | | | | | | | | |

I certify the above compensation and hours accurately reflect the payroll records of this agency.

Payroll Clerk/Certifying Official

Telephone Number

E-mail Address

Signature of Payroll Clerk/Certifying Official

Date